

**REDACTED - FOR PUBLIC INSPECTION**

October 22, 2013

Marlene H. Dortch  
Secretary  
Federal Communications Commission  
445 12th Street, S.W.  
Washington, DC 20554

ATTENTION: WIRELINE COMPETITION BUREAU

RE: Form 481 ETC filing pursuant to Sections 54.313 and 54.422  
SA 381615, ND, Griggs County Telephone Company  
*Connect America Fund* WC Dockets 10-90 and 11-42

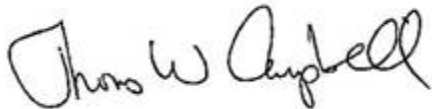
Dear Ms. Dortch:

Pursuant to Sections 54.313 and 54.422 of Commission's Rules, Griggs County Telephone Company, ND, SAC 381615 is filing its Form 481 High Cost and Low-Income Annual Report.

Griggs County Telephone Company seeks confidential treatment under the Protective Order in this proceeding.<sup>1</sup> Pursuant to the Order, one copy of the confidential document and two copies of the redacted version are provided. The Redacted version is also being filed on the Electronic Comment Filing System.

Please address any correspondence regarding this transmittal to the attention of Tom Campbell at the following address, e-mail or telephone number.

Sincerely,



Tom Campbell  
Telecommunications Consultant  
[tcampbell@otcpas.com](mailto:tcampbell@otcpas.com)  
651-621-8511 (v)  
651-483-2467 (f)

Enclosures

Cc: Mr. Charles Tyler, FCC Telecommunications Access Policy Division

<sup>1</sup> See Protective Order 27, WC Docket Nos. 10-90 *et al*, Rec 14231 rel. November 16 ("Order")

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	381615
<015> Study Area Name	GRIGGS COUNTY TEL CO
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Tom Campbell
<035> Contact Telephone Number: Number of the person identified in data line <030>	651-621-8511
<039> Contact Email Address: Email of the person identified in data line <030>	tcampbell@otcpas.com

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
(check box when complete)				
<100> Service Quality Improvement Reporting <span style="float: right; font-size: small;">(complete attached worksheet)</span>			<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice) <span style="float: right; font-size: small;">(complete attached worksheet)</span>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	0		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)		(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)			<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)		(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0			
<420> Mobile	0.0			
<430> Number of Complaints per 1,000 customers (broadband)			<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed				
<450> Mobile				
<500> Service Quality Standards & Consumer Protection Rules Compliance <span style="float: right; font-size: small;">(check to indicate certification)</span>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 381615nd510 <span style="float: right; font-size: small;">(attached descriptive document)</span>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations <span style="float: right; font-size: small;">(check to indicate certification)</span>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 381615nd610 <span style="float: right; font-size: small;">(attached descriptive document)</span>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice) <span style="float: right; font-size: small;">(complete attached worksheet)</span>			<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband) <span style="float: right; font-size: small;">(complete attached worksheet)</span>			<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates <span style="float: right; font-size: small;">(complete attached worksheet)</span>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <span style="float: right; font-size: small;">(if yes, complete attached worksheet)</span>	<input type="radio"/> <input checked="" type="radio"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability <span style="float: right; font-size: small;">(check to indicate certification)</span>			<input type="checkbox"/>	<input type="checkbox"/>
<1010> <span style="float: right; font-size: small;">(attach descriptive document)</span>			<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <span style="float: right; font-size: small;">(if not, check to indicate certification)</span>	<input checked="" type="radio"/> <input type="radio"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110> <span style="float: right; font-size: small;">(complete attached worksheet)</span>			<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers <span style="float: right; font-size: small;">(complete attached worksheet)</span>			<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000> <span style="float: right; font-size: small;">(check to indicate certification)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<2005> <span style="float: right; font-size: small;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000> <span style="float: right; font-size: small;">(check to indicate certification)</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005> <span style="float: right; font-size: small;">(complete attached worksheet)</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<b>&lt;010&gt;</b>	Study Area Code	381615
<b>&lt;015&gt;</b>	Study Area Name	GRIGGS COUNTY TEL CO
<b>&lt;020&gt;</b>	Program Year	2014
<b>&lt;030&gt;</b>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<b>&lt;035&gt;</b>	Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com
<b>&lt;110&gt;</b>	Has your company received its ETC certification from the FCC?	(yes / no ) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<b>&lt;111&gt;</b>	year plan" filed with the FCC?	(yes / no ) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

**<112>** Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

**<113>** Maps detailing progress towards meeting plan targets  
**<114>** Report how much universal service (USF) support was received  
**<115>** How (USF) was used to improve service quality  
**<116>** How (USF) was used to improve service coverage  
**<117>** How (USF) was used to improve service capacity  
**<118>** Provide an explanation of network improvement targets not met in the prior calendar year.


## Page 3

<010>	Study Area Code	381615
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## Page 4

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	

[illegible]

## Page 5

<b>(710) Broadband Price Offerings</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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[illegible]

## Page 6

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	381615
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com
<810>	Reporting Carrier	Griggs County Telephone Co.
<811>	Holding Company	na
<812>	Operating Company	Griggs County Telephone Co.

10/11/2013

**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	381615
<015>	Study Area Name	GRIGGS COUNTY TEL CO
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<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

<b>(1200) Terms and Condition for Lifeline Customers</b> <b>Lifeline</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	381615
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<020>	Program Year	2014
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<035>	Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans	<div style="text-align: right; margin-bottom: 5px;">381615nd1210</div> <hr/> Name of attached document (.pdf)
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<1220> Link to Public Website	HTTP <div style="text-align: right; margin-bottom: 5px;">http://www.mlgc.com/telephone/</div> <hr/>
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“Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222> Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223> Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

**(2000) Price Cap Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.**

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐  
☐
**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

☐  
☐  
☐  
☐
**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

☐
**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions

☐  
☐  
☐  
☐

Name of Attached Document Listing Required Information

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<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	381615
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<035>	Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Tom Campbell</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Tom Campbell
Name of Reporting Carrier:	GRIGGS COUNTY TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE
Printed name of Authorized Officer:	Tyler Kilde
Title or position of Authorized Officer:	Vice President
Telephone number of Authorized Officer:	701-437-3417
Study Area Code of Reporting Carrier:	381615
	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	GRIGGS COUNTY TEL CO
Name of Authorized Agent or Employee of Agent:	Tom Campbell
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE
Printed name of Authorized Agent or Employee of Agent:	Tom Campbell
Title or position of Authorized Agent or Employee of Agent:	Consultant
Telephone number of Authorized Agent or Employee of Agent:	651-621-8511
Study Area Code of Reporting Carrier:	381615
	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

*Attachments*

**REDACTED - FOR PUBLIC INSPECTION**

<b>(800) Operating Companies</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com
<810>	Reporting Carrier	Griggs County Telephone Co.
<811>	Holding Company	na
<812>	Operating Company	Griggs County Telephone Co.

[illegible]



SAC: 381615

State: ND

Griggs County Tel

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

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1. Griggs County Tel (Company) will provide service on a timely basis to requesting customers within the Company's designated service area where the Company's network already passes the potential customers premises, and
2. The Company will provide service, within a reasonable period of time, if the potential customer is within the Company's designated service area but outside the Company's existing network coverage, if the service can be provided at reasonable cost by:
  - a. Modifying or replacing the requesting customers equipment;
  - b. Deploying a roof-mounted antenna or other equipment;
  - c. Adjusting the nearest cell tower;
  - d. Adjusting network or customer facilities;
  - e. Reselling services from another carrier's facilities to provide service; or
  - f. Employing, leasing, or constructing an additional cell site, cell extender, repeater, or other similar equipment.

3. Service Quality Standards

The Company:

- Provides voice grade access to the public switched network.
- Provides flat rated local exchange service with no addition charge to end users.
- Provides access to the emergency services provided by local government or other public safety organization, such as 911 and enhanced 911.
- Provides toll blocking and toll limitation services.
- Advertises the availability of its services and the charges using media of general distribution and on its website.
- Maintains a business office providing customers with access to a customer service representative either in person or via a local telephone call or toll-free telephone number during normal business hours.
- Directs after hour calls to the Company's help desk.
- Directs trouble reports to the on-call technician.
- Tracks all service orders to ensure they are completed in a timely manner.
- Measures its service connection and service interruption performance on a regular basis.
- Trains employees to:
  - Answer all incoming calls promptly.
  - Respond to all inquiries for information promptly and courteously.
  - Investigate thoroughly all customer complaints.
  - Be knowledgeable about products and service offerings so they can assist the customer with selecting the best service option.
- Has a process for periodic inspection, testing and preventive maintenance of its equipment to permit the rendering of safe, adequate and continuous service at all times.

SAC: 381615

State: ND

Griggs County Tel

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

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4. Consumer Protection Rules

The Company has established operating procedures designed to facilitate compliance with applicable consumer protection rules which include compliance with the Customer Proprietary Network Information (CPNI) rules. The operating procedures include:

- Appointment of a compliance officer.
- A manual detailing the specific procedures for protecting consumer information.
- Employee training on an annual basis.
- A disciplinary process for improper use of consumer information.

SAC: 381615

State: ND

Griggs County Tel

Form 481 Line No. 610 Description of Functionality in Emergency Situations

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Griggs County Tel has:

- Established reasonable provisions' to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in traffic, or from fire, storm, or acts of God including provisions for emergency power that provide:
  - A minimum of four hours of battery service in each central office.
  - A permanently installed power unit in exchanges, or
  - Mobile power units that can be delivered on short notice and which can be readily connected in offices without installed emergency power facilities.
  
- Informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power, in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.

SAC: 381615  
 State: ND  
 Griggs County Tel  
 Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

### **Lifeline Terms and Conditions**

1. Griggs County Tel (Company) offers lifeline program-supported service to qualified low-income residential consumers for one telephone line per eligible household. The lifeline program provides discounts to eligible low-income consumers to help them establish and maintain telephone service. Lifeline assistance lowers the cost of basic, monthly local telephone service. Eligible consumers can receive \$9.25 per month in discounts. In addition, the Federal Universal Service Charge is not assessed to consumers participating in Lifeline. Toll Blocking prevents the placement of all long distance calls for which a subscriber would be charged. Toll Blocking is available to eligible consumers at no cost. Also, by choosing the option, consumers are usually not charged a deposit.

### **Lifeline Program Eligibility Information**

#### **Program Based Eligibility**

Consumers are eligible for Lifeline if they, one of their dependents or their household participate in one of the following qualifying assistance programs:

Low-Income Home Energy Assistance Program (LIHEAP)  
 Federal Public Housing Assistance (Section 8)  
 Supplemental Nutrition Assistance Program (SNAP)  
 Medicaid  
 National School Lunch Program's Free Lunch Program  
 Supplemental Security Income (SSI)  
 Temporary Assistance for Needy Families (TANF)

Lifeline applicant must present documentation demonstrating eligibility either through participation in one of the qualifying federal assistance programs or through income-based means.

Acceptable documentation of program-based eligibility includes: current or prior year's statement of benefits from a qualifying program; notice letter of participation in a qualifying program; program participation documents; or another official document evidencing the consumer's participation in a qualifying program.

#### **Income Based Eligibility**

In addition, consumers are eligible for Lifeline if their household income is at or below 135% of the federal poverty guidelines.

2013 Federal Poverty Guidelines – 135%

<b>Household Size</b>	<b>48 Contiguous States and D.C.</b>
1	\$ 15,512
2	20,939
3	26,366
4	31,793
5	37,220
6	42,647
7	48,074
8	53,501
For Each Additional Person, Add	5,427

Acceptable documentation of income eligibility includes: prior year's state, federal or Tribal tax return; current income statement from an employer or paycheck stub; social security statement of benefits; Veterans Administration statement of benefits; retirement/pension statement of benefits; unemployment/workmen's compensation statement of benefits; federal or Tribal notice of letter participating in General Assistance; or a divorce decree or child support award or other official document containing income information.

SAC: 381615  
State: ND  
Griggs County Tel  
Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

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**Lifeline Terms and Conditions (Continued)**

**Lifeline Program Eligibility Information (Continued)**

**Recertification of Lifeline Eligibility**

Lifeline recipients are required to recertify their eligibility annually. Failure to properly recertify a recipient's continued eligibility for the Lifeline program will result in termination of the Lifeline recipient's monthly Lifeline discount and de-enrollment from the Lifeline Program.

**Additional Lifeline Program Information**

The Lifeline program is limited to one benefit per household, consisting of either wireline or wireless service. A household is defined, for purposes of the Lifeline Program, as an individual or group of individuals who live together at the same address and share income and expenses. Lifeline is government benefit program, and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

2. The Local services for (Company) that serve as its Lifeline Plans are in Compliance with the Essential telecommunications service as specified in North Dakota Chapter 49-21 4.c as follows:
  - C. Primary flat rate residence basic telephone service including the following service elements:
    - 1) Billing and collecting of the telecommunications company's charges for the service
    - 2) Primary directory listing
    - 3) Access to assistance
    - 4) Access to emergency 911 service and emergency operator assistance in the local exchange areas in which emergency 911 service is not available
    - 5) Except as provided in section 49-02-01.1, mandatory, flat-rate extended area service to designated nearby local exchange areas.
    - 6) Transmission service necessary for the connection between the end user's premises and the local exchange central office switch including a trunk connection that has inward dialing and necessary signaling service such as touchtone used by end users for service.
3. The Company's flat rate plans include unlimited local exchange calling including usage to designated nearby local exchange areas. The flat rate plans do not include any toll usage. The rates for any toll usage are determined by the rate plans of the Toll Provider(s) that are selected by lifeline end users.
4. The Company has met and will meet the requirements of eligible telecommunications carrier advertising. This includes:
  - a. A full description of available services in the Company's Official telephone directory, including the process to be used by customers to qualify for lifeline.
  - b. Advertising of the available universal service in media of general circulation in the Company's designated service area. Availability may be advertised in newspapers, company newsletters, company or civic internet sites, bill stuffer, direct mailings, or other means intended to convey availability throughout the designated service area.
- 5 The specific Company terms and conditions for the Company's Lifeline Plans are set forth in pages included in Exhibit 1, attached.

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## MLGC 4PACK BUNDLE

Combine these four popular services at one low rate at saves you more than \$85 each month. The MLGC 4Pack Bundle includes:

**Residential Local Telephone** including Voicemail with Email Notification, Caller ID, Call Waiting, Call Forwarding and 3-Way Calling

**Long Distance Telephone (1,200 minutes)**

**20 Mbps Internet**

**E-Basic Cable TV**

### COMPARE AND SAVE

<b>MLGC 4Pack Bundle Pricing**</b>	<b>\$114.99/month</b>
Individual Retail Pricing	\$201.72/month
Savings of	\$86.73/month

\*Some restrictions apply \*\*Excluding taxes and FCC charges

## TELEPHONE

### MONTHLY TELEPHONE CHARGES

Local Residential Service	\$18.25
Local Business Service	\$24.25

### CALLING FEATURE RATES

Caller ID	\$5.00
Caller ID with Call Waiting	\$8.00
Call Forwarding	\$2.10
Call Waiting	\$3.00
3-Way Calling	\$3.00
Inside Wire	\$1.00
Voice Mail with Email Notification	\$3.50

### TELEPHONE INSTALL FEE

Installation Fee	\$25.00
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### ND LONG DISTANCE RESIDENTIAL RATES

10¢ Nationwide Plus (\$3.95/month)	In-State	\$0.10/min
	State-to-State	\$0.10/min
	Canada	\$0.10/min
Flat Rate Plan	In-State	\$0.15/min
	State-to-State	\$0.10/min
	Canada	\$0.12/min

### ND LONG DISTANCE BUSINESS RATES

10¢ Nationwide Plus (\$4.95/month)	In-State	\$0.10/min
	State-to-State	\$0.10/min
	Canada	\$0.10/min
Flat Rate Plan	In-State	\$0.14/min
	State-to-State	\$0.08/min
	Canada	\$0.12/min

Prices exclude taxes and FCC charges

## INTERNET

RESIDENTIAL	WITH PHONE	WITHOUT PHONE
5 Mbps/1 Mbps	\$35.99/month	\$65.99/month
10 Mbps/1.5 Mbps	\$55.99/month	\$85.99/month
20 Mbps/2 Mbps	\$93.99/month	\$123.99/month
BUSINESS	WITH PHONE	WITHOUT PHONE
5 Mbps/1 Mbps	\$45.99/month	\$75.99/month
10 Mbps/1.5 Mbps	\$65.99/month	\$95.99/month
20 Mbps/2 Mbps	\$105.99/month	\$135.99/month

Installation Fee (Waived by signing a one year contract)	\$99.00
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Prices exclude taxes and FCC charges

## CABLE TV

### MONTHLY CABLE TV RATES

E-Basic Cable TV (Channels 2-78)	\$47.93
Digital Tier** (Digital, Music and HD Channels)	\$19.95
HBO**	\$18.00
Showtime/TMC/Flix**	\$16.00
Cinemax**	\$10.00
Starz/Encore**	\$16.00
All 4 Premiums**	\$46.00
DVRHD Receiver Lease	\$9.00
HD Receiver Lease	\$5.00
Cable Card Lease	\$2.50
Installation Fee	\$40.00

\*\*Video equipment is required to view programming

Prices exclude taxes and FCC charges

6/28/2013

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SAC: 381615

State: ND

Griggs County Tel

Form 481 Line No. 3017 RUS Annual Report

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**ATTACHMENT REACTED IN ENTIRETY**